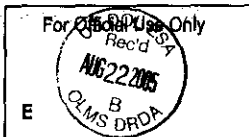


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>004-180</u> <u>10770</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Tony</u> <u>F.</u> <u>Gonzalez</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>207 North Sanborn Road</u> City <u>Salinas</u> State <u>California</u> ZIP Code + 4 <u>93905</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Union Local #890</u> Labor Organization File Number <u>004180</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>207 North Sanborn Road</u> City <u>Salinas</u> State <u>California</u> ZIP Code + 4 <u>93905</u>
5. Position in labor organization. <u>Secretary-Treasurer/BA</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Tony F. Gonzalez</u>	On <u>08-12-2005</u> <u>831-424-5743</u> Date Telephone Number

Name of Person Filing Tony F. Gonzalez

File Number U-004-180

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business
from Pg. 1:

Professional Group
Administrators.

12.a. Nature of interest held or income received (con't from Pg. 2):

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in item 12.b represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee, and/or (2) the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverage in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. The quarterly meetings occurred on or about March 5, 2004, August 20, 2004 and November 11-17, 2004. The estimate is based on information requested from the Trust Funds' third party administrator and a business calendar for appointments and meetings in 2004.

Name of Person Filing Tony F. Gonzalez

File Number U- 004-180

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Professional Group Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1212 South Main St. #102

City Salinas

State California ZIP Code + 4 93905

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Tri-Counties Welfare Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1212 South Main St. #102

City Salinas

State California ZIP Code + 4 93905

11.a. Nature of such dealing.

Professional Administrative Services.

11.b. Approximate dollar value of such dealing,

12.a. Nature of interest held or income received.

See continuation page.

12.b. Amount.

\$3,623.39

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.